

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL APPLICATION**MH8008 (New 6/02)**

1. ☐ Mr.
☐ Mrs.
☐ Ms. _____
FIRST MIDDLE LAST
2. Residence address: _____

3. Residence phone: (____) _____
E-mail: _____
4. Name of spouse: _____
5. Date of birth: _____
6. Social Security #: _____
7. Sex: ☐ Male ☐ Female
8. Driver's License #: _____ Expiration date: _____
9. Ethnicity: _____
10. Position sought:
☐ Advocate (please identify): _____
☐ California Coalition for Mental Health
☐ Consumer
☐ Family Member
☐ Provider (please identify): _____
11. Are you registered to vote in California? ☐ YES ☐ NO
12. Party affiliation: _____
13. County in which you are registered: _____

14. Do you have any major disabilities? ☐ YES ☐ NO

If "yes", please describe: _____

15. Business title: _____

Company name: _____

Address: _____

Phone number: (_____) _____

Fax number: (_____) _____

E-mail: _____

16. Work Experience (Current to last 12 years):

<u>Employer</u>	<u>Type of Business</u>	<u>City/State</u>	<u>Dates</u> <u>(From-To)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Education History:

<u>College/Graduate School</u>	<u>Location</u>	<u>Dates</u> <u>(From – To)</u>	<u>Degree</u>	<u>Major</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

18. Professional Licenses/Certificates Issue Date Expiration Date

19. Organizations/Societies - Current Member Since

Category which specifically and most accurately describes your current occupation, employment or status:

- | | | |
|--|---|--|
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Education | <input type="checkbox"/> Environment | <input type="checkbox"/> Financial Institution |
| <input type="checkbox"/> Health | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Labor | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Student | <input type="checkbox"/> Veteran |

(If you answer "YES" to any of these questions, please use the last page to explain.)

21. ☐ YES ☐ NO

Have you resided at your current residence less than 5 years?

If yes, please list all residences for the past 5 years and when you resided at each.

22. ☐ YES ☐ NO

Are you a citizen of a country other than the United States?

If yes, what country? _____

23. ☐ YES ☐ NO

Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor, or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) within the past 5 years which might present a potential conflict of interest or appearance of a conflict of interest with your requested appointment?

24. ☐ YES ☐ NO

Do you own any real property, personal property, or financial holdings, which might present a potential conflict of interest or appearance of a conflict of interest with your requested appointment?

25. ☐ YES ☐ NO

Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation or ordinance (including traffic violations for which a fine of \$100.00 or more was imposed, this includes driving under the influence of alcohol and/or drugs)?

26. ☐ YES ☐ NO

Are you currently under federal, state or local investigation for possible violation of a criminal law or ordinance?

27. ☐ YES ☐ NO

Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you?

28. ☐ YES ☐ NO

Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group?

29. ☐ YES ☐ NO

Have you ever been involved in civil litigation or administrative or legislative proceedings of any kind -- either as plaintiff, defendant, respondent, witness or party in interest?

30. ☐ YES ☐ NO

Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate or issue?

31. ☐ YES ☐ NO

Have you ever been publicly identified in person or by organizational members, with a particularly controversial national, state or local issue?

32. ☐ YES ☐ NO

Have you ever submitted oral or written views to any government authority or the news media on any particularly controversial issue other than in an official government capacity?

33. ☐ YES ☐ NO

Have you ever written any particularly controversial books or articles?

34. ☐ YES ☐ NO

Have you ever had any association with any person, group or business venture which could be used, even unfairly, to impugn or attach your character and qualifications for the requested appointment?

35. ☐ YES ☐ NO

Do you know anyone who might take any steps, overtly or covertly, to attach your appointment?

36. ☐ YES ☐ NO

Is there anything in your background which, if made known to the general public through your appointment, would cause an embarrassment to you and/or the administration?

37. ☐ YES ☐ NO

Are you presently on partial or full employment disability or retirement, or have you applied for same?

38. Who is your State Senator?

Your Assembly Member?

39. Please explain why you wish to serve on the California Mental Health Planning Council.

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, an investigation of my personal background will be conducted. I hereby authorize the release of any and all information pertaining to me from records available through the Department of Justice and the Department of Motor Vehicles. I hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested.

SIGNATURE

DATE

Please explain below if you answered "YES" to any of the questions 21-37.

Question # _____

Explanation:

Question # _____

Explanation:

Question # _____

Explanation: